

Questions? Call our National Service Center at 1.866.747.3416.

Instructions

Use this form to modify or change information regarding your account. Please type or print in black ink.

Provide the General Account Information

Please provide the following information as it currently exists on the account.

Employer Group Name _____
(required)

Employer Plan Number _____
(if known)

Social Security/Tax I.D. Number _____

Name of Participant _____
First MI Last

Current Mailing Address on Account _____
Line 1 Line 2
City State Zip Code

Daytime Phone Number _____ **Mobile/Home Phone Number** _____

Email _____

Provide Changes to the Participant

Please include legal documentation to support the change of name (i.e. marriage certificate, divorce decree, etc). If changing Social Security Number include a copy of Social Security card, or Form W2/W4.

New Participant's Name _____
Last First MI

New Social Security/Tax I.D. Number _____ **Date of Birth** _____
(mm/dd/yyyy)

If this is a name change only, please indicate the reason for this change:

☐ Divorce ☐ Married ☐ Other _____

New Mailing Address _____
Line 1 Line 2
City State Zip Code

Residential Address _____
Line 1 Line 2
City State Zip Code

(If different from mailing address)
(Residential Address is a required field if Mailing Address is a PO Box)

Daytime Phone Number _____ **Mobile/Home Phone Number** _____

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Provide Changes to the Dependent

For additional Dependents, please attach a separate list to the end of this form. For a definition of "Qualified IRS Dependent" see IRS.gov.

☐ Remove all existing dependents and replace with those named below.

Add	Remove	Dependent Names	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant
<input type="checkbox"/>	<input type="checkbox"/>	1			
<input type="checkbox"/>	<input type="checkbox"/>	2			
<input type="checkbox"/>	<input type="checkbox"/>	3.			
<input type="checkbox"/>	<input type="checkbox"/>	4.			
<input type="checkbox"/>	<input type="checkbox"/>	5.			
<input type="checkbox"/>	<input type="checkbox"/>	6.			
<input type="checkbox"/>	<input type="checkbox"/>	7.			
<input type="checkbox"/>	<input type="checkbox"/>	8.			

Provide Signatures

I understand and authorize the changes requested on this form.

X

Signature of Participant

Date (mm/dd/yyyy)

Mail to:

Security Financial Resources
P.O. Box 758549
Topeka, KS 66675-8549

Fax:

785.438.4944

Email:

RPWF-VEBA@SecurityBenefit.com

Visit us online at SecurityBenefit.com/Indiana